



Partnership for a Healthier Fairfax

Charter 5-1-12

Background

In November 2008, the Fairfax County Health Department brought together diverse representatives from across the local public health system to begin a Local Public Health System Assessment. The local public health system refers to all of the people and organizations that contribute to the health of those who live, work, and play here. Representatives from the community, public agencies, nonprofit organizations, and private entities came together to evaluate their collective performance in providing the ten essential public health services outlined by the National Public Health Performance Standards Program. This Local Public Health System Assessment was the beginning of the formation of a coalition that would work together to improve community health. Many of the community members and organizations that participated in that initial assessment are now leaders and members of the community coalition known as Partnership for a Healthier Fairfax (PFHF).

After establishing community leadership and multi-sector organizational representation, PFHF was convened in February 2010 to conduct a community-wide strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP). Promoted nationally since its development in 2001 by the National Association for City and County Health Officials and the Centers for Disease Control and Prevention (CDC), the MAPP initiative has brought together public, nonprofit, and business sectors to conduct a countywide community health assessment, identify and prioritize public health issues, and develop goals and strategies to address them.

To support the work of PFHF, Fairfax County Neighborhood and Community Services was awarded a grant by the U.S. Department of Health and Human Services, and administered as a cooperative agreement with CDC. The Community Transformation Grant (CTG) provides about \$500,000 annually for five years beginning in September 2011. Created by the Patient Protection and Affordable Care Act, the CTG supports states and communities in tackling the root causes of poor health so that people may lead healthier, more productive lives. The CTG will assist PFHF to build capacity to implement policy, system, programmatic, and infrastructure changes to promote health, prevent chronic disease, and reduce health disparities.

Purpose

PFHF was established to effectively address public health issues in the Fairfax Community, which includes Falls Church City, Fairfax City, the County of Fairfax, and the incorporated towns of Clifton, Herndon, and Vienna. PFHF aims to use multi-sector collaborative action across the local public health system to affect change and improve community health.

In May 2010, PFHF officially adopted a vision statement and identified core values. PFHF defined its vision for the future as: “Fairfax – An engaged and empowered community working together to achieve optimal health and well-being for all those who live, work and play here.” Complementing the vision, the core values of PFHF serve as guiding principles for the work of the coalition.

- **Access** – Quality comprehensive healthcare and community services should be navigable, accessible and affordable to all community members.
- **Collaboration** – A commitment from the local public health system to coordinate efforts, share resources, and integrate services is necessary to maximize the efficiency and effectiveness of care.
- **Equity** – A healthier community for all members can be achieved by understanding the strengths and needs of diverse populations, and by addressing with dedication the underlying social determinants that contribute to inequities in health outcomes.
- **Knowledge** – Systematic data collection and analysis that are shared openly across the local public health system and with the community at large foster awareness and informed decision-making.
- **Preparedness** – The ability to anticipate and respond promptly to public health issues is essential to protect the safety and welfare of the community.
- **Prevention** – Promoting healthy lifestyles and behaviors, providing health education, and investing in other preventive approaches are effective strategies that positively impact community health outcomes.
- **Safety** – All community members have the right to breathe high quality air, to drink clean water, to eat healthy foods, and to live, work and play in a safe environment.

Scope of Work

The scope of work of PFHF includes, but is not limited to:

- Facilitating integrated cross-sector collaboration, including mobilizing, leveraging, and securing resources to help address priority health issues
- Assessing, monitoring, and communicating the health status and health outcomes of the community
- Developing, implementing, and evaluating a community health improvement plan to address PFHF priority health issues (which encompass the required CTG strategic directions), including, but not limited to:
 - Healthy Lifestyles
 - Access to Health Services
 - Environment and Infrastructure
 - Data
 - Health Workforce
- Promoting and implementing policy, systems, environmental, and programmatic changes that positively impact community health
- Advancing health equity by raising awareness of the social determinants of health and addressing the root causes of health disparities

Membership

Membership is open to interested individuals and diverse representatives from across all sectors of the community, including:

- **Boards, authorities, and commissions** (e.g., citizen advisory groups)
- **Businesses and employers** (e.g., companies, chambers of commerce)
- **Community and nonprofit organizations** (e.g., private agencies, foundations)
- **Community members** (e.g., interested adult and youth residents, student advisory councils, civic associations)
- **Faith-based organizations** (e.g., houses of worship, interfaith organizations)
- **Healthcare systems, insurers, and clinicians** (e.g., practitioners, hospitals, providers, insurance companies)
- **Military** (e.g., active and retired, veterans organizations)
- **Schools and universities** (e.g., public schools, private institutions, colleges, technical schools, preschools, school board members)
- **State and local government** (e.g., government agencies, elected officials)

Structure and Leadership

PFHF accomplishes its work through a number of groups, teams, and committees, as listed below. PFHF also strives to include broad community input by incorporating mechanisms of public participation into its work such as surveys, focus groups, and community dialogues, when appropriate.

- **Community Coalition (PFHF)** – the body that includes all those who are involved in PFHF, or any of its groups, teams, and/or committees. The Community Coalition may provide input or feedback on PFHF deliverables or initiatives, distribute information throughout its members' networks, conduct outreach, advocate for policy, systems, environmental, or programmatic changes, or perform other activities as needed. Generally, the Community Coalition meets quarterly.
- **Community Transformation Leadership Team (CTLT)** – a group of executive-level decision makers from across the community who provide high level guidance on the strategy, priorities, and work of the PFHF; serve as champions, advocates, and leaders for policy, systems, environmental, and programmatic change; and assist in identifying and mobilizing resources to be directed at PFHF efforts. Members of the CTLT work across sectors and interests to influence change, foster support, and catalyze action for community health partnerships. The CTLT was initially established for the purposes of executing CTG grant requirements and meets at least three times annually. In addition to representatives from businesses, nonprofits, state officials, and diverse populations in the community (including students), individuals holding the following positions are included on the CTLT:
 - Chairman of the Fairfax County Board of Supervisors (or Board Member designated by the Chairman)
 - Chairman of the Fairfax County School Board (or Board Member designated by the Chairman)
 - Chairs of the Partnership for a Healthier Fairfax
 - Chief Executive Officer of Inova Health System
 - County Executive of the Fairfax County Government (and/or Deputy County Executives as designated by the County Executive)
 - Director of Fairfax County Department of Neighborhood and Community Services
 - Director of the Fairfax County Health Department
 - Superintendent of Fairfax County Public Schools
- **Steering Committee (SC)** – the group of PFHF Chair(s), Strategic Issue Team Chairs, Committee Chairs, and Core Support Team members that provide leadership, direction, integration, and oversight of PFHF's efforts. The Steering Committee meets monthly.
- **Strategic Issue Teams (SITs)** – groups created to formulate goals, plan and implement strategies, identify resources, and develop action plans to address specific strategic issues. These groups meet about monthly, or as needed, to carry out their work.

- **Committees** –standing or ad hoc groups formed to complete a set of tasks or objectives with a specific area of focus (e.g., assessments, policy, communications, membership/outreach, advocacy, leadership nominations). These groups meet as needed to carry out their work.
- **Core Support Team (CST)** – a group of multi-agency and community staff responsible for planning, organizing, facilitating, and providing the necessary support to PFHF at all levels to help move their initiatives forward. The CST includes three Community Transformation Grant positions (Project Director, Analyst, and Assistant). The team works together routinely to provide technical assistance to PFHF.

PFHF strives to have two leaders for each group, and to include diversity of sector and membership representation among its leadership. Current Chairs for all groups are requested to serve through the completion of the development of the community health improvement plan. From that point forward, leadership terms are for two years with the potential to serve additional terms.

Resources

PFHF is comprised of community leaders and volunteers. The time, expertise, and effort that these individuals and organizations put forward are the foundation of the coalition's success. Community resources (in-kind, personnel, and financial) are essential to achieving the work and sustainability of the PFHF. All members of the coalition are equal partners and have responsibility for identifying, leveraging, and mobilizing resources.

Startup resources, coordination, logistical, and technical support for PFHF had largely been provided by the Fairfax County Health Department. With external funding support from the Community Transformation Grant, three full time staff members including a CTG Project Director, CTG Project Analyst, and CTG Project Assistant, will join the Core Support Team (CST) to lead PFHF through the planning and implementation phases of the MAPP process until September of 2016. The CST will expand to include multi-agency staff support and community volunteers from across the local public health system. The leadership of the PFHF will work with the community and county agencies and officials to develop organizational and operational sustainability by 2015.

Guidelines

The guidelines of the PFHF include, but are not limited to, the following:

- **Decision making:** PFHF bodies will demonstrate respect for diverse viewpoints, and aim to build consensus among members when making decisions. Bodies of the PFHF will establish specific decision-making processes as necessary.
- **Coordination with other initiatives:** PFHF will make every effort to coordinate with existing community initiatives, both within the Fairfax Community and the surrounding region, to avoid duplication and increase leverage for mutual benefit. PFHF will initiate the establishment of agreements (e.g. memoranda of understanding) with other initiatives as necessary to define roles and ensure collaboration.
- **External requirements:** The methods, approaches, strategies, and deliverables produced by PFHF will be designed to conform to external requirements as necessary for the benefit of the entire local public health system (i.e., CTG requirements, local health department accreditation, Results-Based Accountability framework).
- **Communication:** PFHF will use a variety of methods to communicate internally and externally, and will seek to utilize available technology to maximize community engagement. PFHF will establish a communications plan to further define key messages, and identify the primary mechanisms and spokespersons to communicate with the public.

Note: This charter was developed by the Partnership for a Healthier Fairfax (PFHF) Steering Committee in collaboration with members of the Community Transformation Leadership Team (CTLT), and PFHF coalition. The charter was adopted on 4-16-12, and may be revised as approved by the PFHF Steering Committee and CTLT. Upon completion of a community health improvement plan, the charter will be reviewed and updated. From that point forward, the charter will be presented for review every two years. Further guidelines or operating procedures may be established to further define the purpose and scope of work of the various bodies of PFHF.